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ABSTRACT

This resource guide contains information to help parents find community early childhood programs that meet the needs of children with disabilities. The guide reviews parents' legal rights, legal entitlements that support parents' efforts to have children with disabilities included in community programs, and resources available to make community early childhood programs inclusive. The guide also provides information on the various opportunities children with disabilities have to receive quality services and supports. An introduction describes various relevant terms and lists the values reflected by the Early Childhood Community Inclusion Project's resource guide for children with disabilities and their families. Chapters address the following topics: (1) the definition of inclusion; (2) federal legislation provisions relating to including young children with disabilities (reviews provisions of the Individuals with Disabilities Education Act, Section 504 of the Rehabilitation Act, and the Americans with Disabilities Act) and judicial decisions that support inclusion; (3) the characteristics of effective inclusive programs; and (4) steps that parents can take to bring about inclusion. Appendices include a list of disability/advocacy organizations, an early childhood community program inventory for families to evaluate programs, and inclusion resources. (Contains 29 references.) (CR)

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Inclusion: A Right, Not a Privilege



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Inclusion: A Right, Not a Privilege



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Introduction

This resource guide contains information to help you find community early childhood programs that meet the needs of your young child with disabilities. The guide will inform you of: a) your legal rights; b) the legal entitlements that support your efforts to have your children included in community programs; and c) the resources available to make community early childhood programs inclusive, meeting the needs of **all** youngsters. The guide will also point out the variety of opportunities children with disabilities have to receive quality services and supports. For instance, childcare programs, preschools, and other community activities are all locations where children with disabilities can receive the services they need.

Specifically, the guide will answer the following questions:

- What is inclusion?
- What is the history of early childhood programs?
- What do the laws say about including young children?
- What does a "good" inclusive program look like?
- How do you bring about inclusion?

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Background for the Resource Guide

The information in this guide is based on the results of the Early Childhood Community Inclusion Project (CIP). The U.S. Department of Education funded this three-year demonstration project at the University of Connecticut School of Medicine. The Project developed, used, and then evaluated a **model** for a new way to deliver early intervention and special education services to young children with disabilities (aged birth to five years). The model supported the delivery of specialized services **within existing daycare and nursery school programs** across Connecticut. Thirty children with moderate-to-severe disabilities took part in the model project. The CIP had good results and benefits, not only for the children, but for their families, and for the staff involved.

Definitions

In this resource guide we will use a number of terms:

***Early Childhood
Special Education:***

Services provided in accordance to an Individual Education Plan (IEP) for children with disabilities, age three through five. The services may include special education and related services such as speech pathology and audiology, and physical and occupational therapy.

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Early Intervention:

Comprehensive services designed to meet the developmental needs of an infant or toddler (birth to age three) in any of the following areas: physical, cognitive, language, speech, social, or adaptive development (Shonkoff & Meisels, 1990). Professionals with different types of training have to work together to provide services that will improve outcomes for children and meet the self identified needs of families. The Individualized Family Service Plan (IFSP) describes the services a child and their family will need, and the plans for providing them.

Family:

A group of people who are important to each other and offer each other love and support, especially in times of crises. Given the different lifestyles, living arrangements, and cultural variations that exist today, a family unit may include the mother, father, sisters, brothers, grandparents, aunts, uncles, neighbors, and other people who have significant roles in the lives of children (Karp, 1992).

Family Support:

Whatever it takes to maintain and strengthen a family's ability to provide care at home for their child with a disability. Ideally, a variety of support services are available to meet each family's individual needs. Supports may be formal (provided by an agency) or informal (provided by friends or networks) or a combination of both (Faison & Karp, 1992). Some examples of supports include cash subsidies, respite care, transportation, and/or assistive technology (Smith, 1993).

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Individuals with Disabilities Education Act (IDEA), Public Law 101-476:

The Individuals with Disabilities Education Act (IDEA) is the new name for the Education for All Handicapped Children Act (EHA). This is a set of Federal special education statutes, (including Public Laws 94-142 and 99-457), that provide funds for states to carry out educational programs for infants, toddlers, and children with disabilities (Karp, 1992). The law includes the original procedural safeguards of P.L. 94-142, for children and their families.

Individualized Education Program (IEP):

IDEA guarantees each child in a special education program an IEP document that includes: the child's present level of performance, annual goals for the child, along with short-term objectives; the specific related services and special education services the child is to receive; dates for starting and ending these services, and how the goals and objectives of the child's program will be evaluated (Karp, 1992).

Individualized Family Service Plan (IFSP):

IDEA requires that every infant and toddler (birth to three years of age) receiving early intervention services have a written plan that includes: outcomes for the child; a listing of the family's priorities, resources, and strengths; and a plan to begin the transition of the child after the age of two into the service system for preschool age children. The IFSP must be developed and written with the family's involvement and approval (Karp, 1992). To the greatest extent possible, the child must receive early intervention services in natural settings.

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Least Restrictive Environment (LRE):

The IDEA states a child with disabilities shall be educated in a setting that provides, to the maximum extent appropriate, opportunities to meet, socialize, and interact with children without disabilities, while still appropriately meeting each child's special needs (Karp, 1992). This is called the Least Restrictive Environment, or LRE. Other terms often used to mean LRE are: integration, mainstreaming, inclusion, and heterogeneous grouping.

Natural Environments:

Natural environments refers to settings that are natural and normal for the child's age peers who have no disabilities. Natural environments must be used to the maximum extent appropriate to meet the needs of the child.

Part H:

Part H is the portion of IDEA that gives federal grant money to those states that provide comprehensive services to children from birth up to three years of age (Anderson, Chitwood, & Hayden, 1990). Children with developmental delays must have coordinated, comprehensive, and multidisciplinary services (Gallagher, Trohanis, & Clifford, 1989). The law does not mandate that states provide these services to children of this age.

Section 619:

A portion of Part B of IDEA. This section extends educational rights and protections to all children with disabilities, ages three through five (Anderson, et. al., 1990).

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Values

The Community Inclusion Project and this resource guide reflect our values about children with disabilities and their families:

- ★ All people make positive contributions to their families and communities.
- ★ All families have strengths. Professionals should support families in identifying their strengths and building on them.
- ★ Children with disabilities are children first, their disabilities comes second. Respectful, "people first" language should always be used when referring to children with disabilities, such as: **children with** Down Syndrome; **a baby with** cerebral palsy; **a child with** mental retardation.
- ★ Families whose children have disabilities should receive whatever supports and services they identify as necessary to raise their children at home, in nurturing, inclusive communities.
- ★ All children should be given the opportunity to attend community programs and neighborhood schools with their peers who do not have disabilities.
- ★ Children with disabilities should receive whatever supports and services they need in order to successfully participate in community programs and their neighborhood schools.

.....

What Is Inclusion?

Inclusion is:

- A philosophy built on the belief that all people are equal and should be respected and valued.
- A process in which children and adults with disabilities have the opportunity to participate fully in **all** community activities offered to people who do not have disabilities.
- What results when people with and without disabilities learn, work, and play side-by-side.

In order to benefit from and truly participate, in all community activities, people with disabilities often need short- or long-term supports, equipment, aides, and/or technology. "Separate but equal is not inclusion" (Terrill, 1993).



Swimming classes for four year-olds are offered at the local YWCA. Sara has cerebral palsy and wants to enroll in the class with her best friend. The YWCA staff and the family work out an arrangement for a second teacher to be available so Sara has an equal opportunity to learn how to swim and to socialize with children who do not have disabilities.

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Marsha Forest and Jack Pearpoint, two educators who have led inclusion efforts in Canada, state:

For us, inclusion is not simply a matter of placement or changes in the curriculum. It is not something that one does from 8:30-4:00. Inclusion is more than a philosophy. It is a way of life. It is about 'living together'. It is about 'welcoming back the stranger' and making us all whole again. We believe inclusion is a better way to live. It is the opposite of segregation and apartheid. Inclusion determines where we live, get educated, work, and play. This is our value judgment, but based on sound reasoning (Inclusion News, 1991, p. 1).

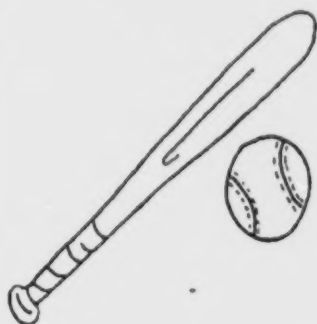
Historically, efforts toward inclusion first centered around the education of elementary school-aged children and adolescents with disabilities. The Education for All Handicapped Children Act of 1975 (P.L. 94-142), helped support families' desire to have inclusive programs for their sons and daughters with disabilities. With a series of amendments to P.L. 94-142 and the actual renaming of the law to the Individuals with Disabilities Education Act (IDEA), infants, toddlers, and preschoolers now have the same right to be included in regular education classes and other community-based programs.

The special education law (IDEA) mandates that students with disabilities be educated in the least restrictive environment (LRE). The IDEA states:

that each public agency shall insure: That to the maximum extent appropriate, handicapped children... are educated with children who are not handicapped," and that children be segregated "only when the nature

What Is Inclusion?

or severity of the handicap is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily (Buswell & Veneris, 1989, p.4)



Four year-old Maria has a severe vision impairment and wants to play tee-ball with her twin brother in the community tee-ball league for young children. The coach and Maria's family meet to discuss what adaptations will be needed in order for her to play. A "beeper ball" will be used, and a teen-aged neighbor will assist Maria during games and practices.

The process of educating children with disabilities in the regular classroom is often referred to as "mainstreaming." Another term frequently used is "integration," which means having access to the total school environment (Biklen, Lehr, Searl, & Taylor, 1987). Children with disabilities may be mainstreamed or integrated into regular classes or programs for a specific amount of time during the day. The amount of time may depend on how well the child performs in the regular setting, with a minimal amount of adaptations. **Full inclusion is not the same as mainstreaming.**

The Center on Human Policy at Syracuse University (1987) identified what integration is, and what integration is not. These ideas are valid today as guidelines for what inclusion means, and what it does not mean:

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Inclusion Means:

- Educating your child in the schools they would attend if they did not have disabilities.
- Providing services and supports that you and your child need in order to be in regular settings.
- Supporting regular education teachers and administrators.
- Having your child follow the same schedule as other children.
- Encouraging friendships between your child and his/her classmates without disabilities.
- Teachers and administrators taking your concerns seriously.
- Teaching **all** children to understand and accept differences.

Inclusion Does NOT Mean:

- "Dumping" your child into classes and programs without appropriate supports and services.
- Locating special education classes in a separate wing of a regular school.
- Teachers and administrators ignoring your child's individual needs.
- Exposing children to unnecessary risks.
- Placing unreasonable demands on teachers and administrators.
- Teachers and administrators ignoring your concerns.
- Placing your child in a program for younger children.

What Is Inclusion?

Inclusion means your child can be in regular classes or programs, **all the time, with appropriate aids, services, and supports, to the benefit of all of the children in the classroom.**

Thus, inclusion is both a process and an outcome. Lawmakers intended for there to be inclusive programs for children from early childhood through graduation from high school. Other chapters in this guide will illustrate how certain laws and court decisions also guarantee your child's right to be fully included in school and community activities.



Five year-old Jamal has moderate mental retardation, and wants to go to the kindergarten at his older brother's home school. The family, principal, teacher, and Jamal meet to determine Jamal's strengths, and areas in which he will need supports. The kindergarten aide will be assigned to work with Jamal only for one hour every day, and sixth-grade students will come in as classroom helpers to give Jamal extra assistance during art, recess, and computer time, or at other times within the daily classroom routine. These adaptations make it possible for Jamal to learn side-by-side with his peers who do not have disabilities.

* * * * *

What Do The Laws Say About Including Young Children?

Since the early 1970s, a series of education, civil rights, and healthcare laws have directly or indirectly opened community services and programs to people of all ages with disabilities. This chapter lists, describes, and explains the use of these important pieces of legislation as the legal basis for including your young child in her/his home schools and community programs.

History of Early Childhood Programs in U.S.

Date	Program	Purpose
1963	P.L. 88-156	Funded special projects for children with mental retardation, screening programs, and maternity and infant care programs.
1965	Head Start Pilot Project, became Head Start Program	Established comprehensive services for children from low income families to help eliminate risk factors and improve children's outcomes.
1968	P.L. 90-538, Handicapped Children's Early Education Assistance Act; Beginning of early intervention	Provided funds for model demonstration projects that educate infants and pre-schoolers with disabilities and their families. Provided Federal support to university teacher training programs and established the Handicapped Children's Early Education Program (HCEEP).
1972	P.L. 92-424, Economic Opportunity Act	Set aside 10% of Head Start enrollments for children with disabilities.

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Education Laws

YEAR	TITLE OF ACT	PURPOSE
1966	Elementary and Secondary Education Act - P.L. 89-750	Provided money to states for educating children with disabilities in local schools; established the Bureau of Education for the Handicapped (BEH) in the U.S. Office of Education (NICHCY, 1991).
1975	Education For All Handicapped Children Act - P.L. 94-142	Stated children with disabilities had a right to: a free appropriate public education; parental involvement in the decision-making process; an IEP; placement in the least restrictive environment; nondiscriminatory testing; and procedural safeguards, including due process.
1983	Education Of The Handicapped Act Amendments - P.L. 98-199	Created a program to competitively fund parent training and information centers to teach parents about their legal rights under P.L. 94-142; provided financial incentives to states to extend services to children from birth to three years of age.
1986	Education of the Handicapped Act Amendments - P.L. 99-457	Part H: established new programs for infants, toddlers, and their families and required an Individualized Family Service Plan; Part B, Section 619: required states to begin serving all children by three years of age in order to receive federal funds; All safeguards and provisions of P.L. 94-142 apply to children beginning at age three.
1988	Technology-Related Assistance for Individuals with Disabilities Act (Tech Act) - P.L. 100-407	Allowed aids and devices to be part of the IEP so students can be more independent, having greater access to regular schools and community services and programs.
1990	Individuals with Disabilities Education Act (IDEA) P.L. 101-476	Renamed P.L. 94-142 and its amendments; guaranteed all rights and safeguards found in P.L. 94-142; strengthened the commitment to LRE.
1992	IDEA Amendments of 1992 - P.L. 102-119	Added language to support the use of natural environments; required early intervention services to be provided, to the maximum extent appropriate, in natural environments.

(Cutler, 1993)

What Do The Laws Say About Including Young Children?

Civil Rights Laws

YEAR	TITLE OF ACT	PURPOSE
1973	Rehabilitation Act, Section 504 - P.L. 93-112	Prohibited agencies/programs receiving federal funds from discriminating against people because of a disability.
1990	Americans with Disabilities Act (ADA) - P.L. 101-336	Guaranteed people with disabilities access to public accommodations and services, transportation, employment, and telecommunications.

(Cutler, 1993)

The laws shown below are mainly related to health and human services programs. However, they contain provisions you can use to provide inclusive supports, services, and programs for your children.

Health Care Laws

YEAR	TITLE OF ACT	PURPOSE
1981	Title IX of the Social Security Act - P.L. 97-35	Allowed states to apply for Medicaid waivers to provide home and community-based services for children with disabilities; allows children to live at home rather than in institutions and hospitals.
1988	Catastrophic Coverage Act P.L. 100-360	Allowed states to get limited funds for IEP-related services and for early intervention and family support services as described in the IFSP, under Medicaid Amendments.
1989	Medicaid Amendments - P.L. 101-239	Expanded the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program for children; allowed Medicaid funds for "medically necessary" treatment, regardless of state's plan limits.
1990	Child Care and Development Block Grant - P.L. 101-508	Encouraged states to include children with disabilities in state child care plans.

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The Education for All Handicapped Children Act of 1975, Public Law 94-142

Prior to 1975, schools and community programs for the most part excluded children with disabilities. Parents developed their own classes and activities for their daughters and sons with disabilities. The passage in 1975 of Public Law 94-142, the Education for All Handicapped Children Act, had a major impact on education. It gave children between the ages of 6 and 21, who had disabilities, the right to go to public schools. However, the original law made no mention of early intervention services, though there were some incentives included for states to develop programs for children under age 6. In 1986, the law was amended as P.L. 99-457, and for the first time there was an overall effort to establish comprehensive services for infants, toddlers, and preschoolers. Part H of the amendment established a program for infants and toddlers, while, Section 619 of Part B established a program for children from 3 through 5 years of age.

The Individuals with Disabilities Education Act, P.L. 101-476

In 1990, the Education for All Handicapped Children Act of 1975, P.L. 94-142, was renamed the Individuals with Disabilities Education Act, P.L. 101-476. Part B of the law stated: "...to the maximum extent appropriate, handicapped children (must be) educated with children who are not handicapped." The concept of the least restrictive environment was explained by the late Sen. Robert Stafford of Vermont, who said:

"We are concerned that children with handicapping conditions be educated in the most normal possible and least restrictive setting, for how else will they adapt to the world beyond the educational environment, and how else will the non-handicapped adapt to them? (Martin, 1992, p.5)

What Do The Laws Say About Including Young Children?

This landmark legislation thus guaranteed a free, appropriate, public education to **all** children, regardless of disability. It also mandated that each child receiving special education services have:

- **An Individualized Education Plan (IEP):** An appropriate Individualized Education Plan must be written for your child. This document should be developed in a Planning and Placement Team (PPT) meeting composed of you, a school administration representative, your child's teacher, members of the evaluation team, and others (such as a physician) invited by you or the school. The IEP will contain a statement of your child's current level of performance, long term goals and short term objectives, specific educational services your child will need, the date for beginning services and the anticipated duration of the services, the extent of your child's participation in the regular education program, and how to determine whether the goals and objectives for your child are being met.
- **Rights to due process and parent participation:** School districts must establish and follow specific procedures in order to protect the rights of you and your family. These procedures give you the right to:
 - ~ examine all records pertaining to your child.
 - ~ obtain an independent evaluation of your child, in addition to the evaluation provided by the school district and its staff.
 - ~ consent to or object to the identification, evaluation, or placement of your child. You must be informed of the Planning and Placement Team (PPT) conference and encouraged to participate. Meetings must be scheduled at times convenient for you and appropriate communications must be maintained with you.

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- ~ a written notice if a change is proposed in your child's classification, evaluation, or educational placement.
 - ~ an impartial due process hearing conducted by a hearing officer, and/or mediation if you are in disagreement with the school district. You have the right to be represented by a lawyer, to give evidence, and to cross-examine. Hearings may be requested by you or by the school district.
 - ~ be appointed as surrogate parents to provide representation and informed consent for children whose parents or guardians are not known, or who are not available.
- **An education in the least restrictive environment (LRE):**
To the maximum extent possible, schools must educate children who have disabilities with their peers who do not have disabilities:
 - ~ Special classes, separate schooling, or otherwise removing your child from regular education should occur only when the nature or severity of your child's disability is such that education in regular classes cannot be achieved satisfactorily, even with the use of supplementary aids and services.
 - ~ Schools must provide a spectrum of placement options (regular classes, regular classes with minimal support, regular classes with one-to-one assistance, special education classes, etc.), and supplementary services (adaptive physical education, speech and language, etc.).
 - ~ Schools must provide education as close to your home as possible, and allow your child to

What Do The Laws Say About Including Young Children?

participate in extracurricular and nonacademic activities to the extent appropriate.

~ If your child is removed from a regular education classroom, the school must work to return your child to the regular classroom as soon as possible.

- **Nondiscriminatory evaluations and assessments:** A multidisciplinary team must conduct the evaluation in your child's primary language or mode of communication, using observations and non-biased, validated instruments. Your child must be assessed in all areas related to the suspected disability. The assessment should allow your child to display his or her abilities and strengths, as well as disabilities.

When the law was renamed in 1990, it maintained the original safeguards protecting your rights and, those of your child. Additionally, the law strengthens the language regarding infants, toddlers, preschoolers, and families to achieve family-centeredness and more opportunities for inclusion.

Part B, Section 619: Services for Three through Five-Year-Olds

Part B, Section 619 of IDEA extends the protections and rights guaranteed under the original P.L. 94-142 to all children with disabilities from **three through five-years of age**. In order to continue to receive federal funds, all schools must now provide educational services for three through five-year-olds with developmental delays or disabilities (Anderson, et al., 1990).

Under the law, three through five-year-olds must receive the services and supports described by their IEP in the least restrictive environment possible. These environments may include, but are not limited to, the home, a childcare or community setting and/or a preschool. The courts

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have ruled that the **only** time a child may be removed from a regular education setting is "...when the nature and severity of the child's disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily" (Turnbull & Turnbull, p. 20). Your three-to-five-year-old child may be placed in a full- or part-time public or private preschool in order to meet the LRE provision of the law. No matter what settings are used, the placement must be based on your child's IEP (Noonan & McCormick, 1993). This means your child should be a part of the regular preschool or school unless there is substantial proof about why she or he cannot benefit from that setting. **It is up to the school to prove why your child must be moved** (Noonan & McCormick, 1993).



Jeremy is four years old and has severe cerebral palsy. He communicates only by blinking his right eye or moving his right hand. His parents want him to attend the kindergarten at their neighborhood school in order to be with his friends. The principal says Jeremy is "too severe" to be there; the staff does not have the training or equipment needed to appropriately educate Jeremy. The principal wants Jeremy to attend the special center school, three miles away. Despite this opposition, Jeremy's parents spend almost a full year meeting with the principal and staff, bringing Jeremy with them, to discuss Jeremy's strengths and how he learns best.

Together, Jeremy's parents and the principal and teachers write Jeremy's IEP so that it includes assistive technology devices for communication and an aide in the classroom to work with Jeremy. With the supplementary aids and services in his IEP, the regular kindergarten program will provide the setting where Jeremy will receive not only academic but social skills.

What Do The Laws Say About Including Young Children?

Part H: Services for Infants and Toddlers

The 1986 amendments to P.L. 94-142 added a new provision for early intervention, called Part H. The addition of Part H to the law specifically addressed the needs of children from birth to three years of age and their families.

Part H of the law established a program of federal grants to states to provide comprehensive services to infants, toddlers, and their families. These services include special instruction, physical and occupational therapy, speech, and health and medical services. **The law requires that you have service options.** For example, you can choose what types of services you want and where you want to receive them.

Most importantly, **the law says that services are to be provided in natural environments**, to the maximum extent appropriate. This specific language allows you to request inclusive settings for your child from birth to three years of age. Part H of IDEA states that early intervention services, to the maximum extent appropriate, must be provided in natural environments, including the home and community settings in which children without disabilities participate* (34 CFR 303, §303.12(b), 1993).

Each child with a disability and his family who receives early intervention services **must** have an Individualized Family Service Plan (IFSP). The family and professionals, working as a team, design the IFSP. The IFSP must list the services necessary to you and your child. The IFSP must also include the desired outcomes for you and your child and the criteria used to determine your progress. In addition, the IFSP can specify support services for families such as counseling, training, and referral to support groups.

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Tamika is a five month-old girl with Down Syndrome. Her doctor recommends that she go to an early intervention program at University Hospital. Tamika's mother wants her to have the program at home because Tamika's grandmother takes care of her while Tamika's parents work. Her grandmother does not drive, and public transportation is not easily accessible. When Tamika's family meets with the staff at University Hospital, they write the IFSP to show that services and supports will be provided at home. They also specify how frequently the services will be provided and what types of outcomes they want, and how Tamika's grandmother will be involved in Tamika's program.

Furthermore, Part H clearly states that early intervention services must be **family-directed**. You, the family, play a **primary** role in determining your child's supports and services. And every family eligible for early intervention **must** have an Individualized Family Service Plan (IFSP). **The IFSP is the means to make sure that your voice is heard.** The team that develops the IFSP consists of you, and the professionals who serve you, each being an equal partner on the team. The IFSP must contain, at the minimum:

- Information about your child's present level of development, including cognitive, social, motor, language, and adaptive skills.
- A statement about your family's concerns, resources, and priorities, as they relate to enhancing your child's development; you must be satisfied with the accuracy of this statement.

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- A statement of the major outcomes expected to be achieved by your child and family, and the criteria, procedures, and timelines used to determine progress.
- A statement of those specific early intervention services necessary to meet the unique needs of your child and family.
- Plans for your child's transition from early intervention services to early childhood special education services.
- A statement of those natural environments in which services will be delivered.
- A plan for service coordination.



Elizabeth is 20 months old and, as a result of a high fever, she is deaf. Everyone in Elizabeth's family loves to read, and Elizabeth also loves books. Her mother wants to provide ways for Elizabeth to have books and be part of her community. The local library has a "Tales for Tots" program, but Elizabeth's mother is not sure what types of modifications would be needed in order for Elizabeth to take part.

At their next IFSP meeting, Elizabeth's mother explains that the family wants community involvement as one of the IFSP outcomes and tells the team about the library. The resource coordinator calls the library, and the librarian says they can include Elizabeth if there is someone available for signing the stories. The team member from the School for the Deaf goes with Elizabeth and her mother to the library and signs the stories. Elizabeth meets children her age, takes home books, and is included in a community program (Speak Out, Spring 1992).

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The requirements of the IFSP and the other Part H language concerning inclusive services means that service providers **must** consider your needs and concerns when making any plans about your child's future. The IFSP is meant to promote and enhance your role in choosing those supports and services you believe are appropriate for your child.

Section 504 of the Rehabilitation Act

"Section 504" refers to Section 504 of the Rehabilitation Act of 1973, P.L. 93-112, and to amendments to the act since 1973 (Larsen, 1992). Section 504 states that:

No otherwise qualified individual with handicaps in the United States...shall solely by reason of his or her handicap, be excluded from participation in, be denied benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

Congress directed each Federal agency to write its own regulations for carrying out the intent of Section 504. For you and your child, the most important parts of the U.S. Department of Education's regulations for Section 504 concern access and reasonable accommodation (Cutler, 1993). A summary of Section 504 regulations, as they relate to education, follows:

Subpart A - General Provisions:

The definition of disability is broad and applies to any person who has a physical or mental impairment substantially limiting one or more life activities, such as:

- Walking
- Breathing
- Speaking and/or hearing

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- Seeing
- Learning
- Performing manual tasks
- Caring for oneself

Subpart C - Program Accessibility

This Subpart requires programs receiving Federal funds to operate in physical facilities accessible and usable by people with physical and/or sensory disabilities.

Subpart D - Preschool, Elementary, and Secondary Education

Subpart D contains safeguards similar to the safeguards in IDEA:

"...a free appropriate public education to each qualified person with a disability who is in the recipient's jurisdiction, regardless of the nature or severity of the person's disability" (Larsen, 1992, p.2).

Other similarities between the 504 Regulations and those in IDEA are:

- An appropriate education
- Placement in the least restrictive environment
- Nondiscrimination in the child's assessment and evaluation

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- Periodic reevaluations of children receiving special education and related services
- Opportunities provided for children to take part in extracurricular and non-academic activities

It is important for you to remember two things:

- ① Violations of IDEA are often also violations of Section 504 (Advocacy, Incorporated, October, 1991); and
- ② Every local education agency is supposed to have a 504 Coordinator on its staff to respond to families' questions and concerns.

If you believe a school or community program receiving federal funds is violating the civil rights of your child, you should contact the 504 Coordinator for the school district. If your district does not have a Coordinator (your district is in violation of the law if it has no coordinator), or if you believe the coordinator is not addressing your concerns, your next step is to contact:

U.S. Department of Education
Office for Civil Rights
330 C Street SW, Suite 500
Washington, DC 20202-1100
(202) 205 - 8635

This office is responsible for enforcing Section 504, and for investigating complaints of violations.

The Americans with Disabilities Act (ADA)

In 1990, Congress passed the Americans with Disabilities Act (ADA), P.L. 101-336. The purpose of this landmark civil rights legislation was to "...provide a clear and comprehensive national mandate for the

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elimination of discrimination against individuals with disabilities..." (National Mental Health Association, 1990, p.1).

The ADA specifically bans the discrimination against people with disabilities under the following Titles:

- Employment (Title I)
- Public Service (Title II)
- Public Accommodations Operated by Private Entities (Title III)
- Telecommunications (Title IV) and
- Miscellaneous Provisions (Title V)

It is important that you know certain terms and definitions used in ADA. Some of these are:

Disability:	A physical or mental impairment substantially limiting the person in one or more major life activities: in children, the disability may be a delay in cognitive, physical, language and speech, or social development, and/or adaptive skills (Surr, 1992).
Reasonable accommodation:	Making existing facilities and programs readily accessible to, and usable by, a person with a disability.
Readily achievable:	An action that easily and/or relatively inexpensively accommodates an individual with a disability.
Undue burden:	An action that is significantly difficult and/or relatively expensive to perform, in order to accommodate an individual with a disability.

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- ★ The ADA **does not cover** activities and entities run by religious organizations. For example, if a church or synagogue runs a childcare center, then ADA does not apply. However, the ADA **does apply to** a childcare center run by a private contractor within in a church or synagogue building.

Portions of the ADA directly and indirectly relate to your child's right to be fully included in school and community programs. Further, the ADA mandates that employers not discriminate against you because you have a child with a disability. It also requires public and private entities to make facilities and services accessible to people with disabilities, and prohibits public and private entities from discriminating against people with disabilities. According to Stephen Chaikind (1992), 'The ADA is a signal for children today of the promise of tomorrow.'

The following sections provide further information about the ADA:

Employment

Many people believe the ADA is an employment law for adults with disabilities. While the ADA does address the employment issues of people with disabilities, it also protects the rights of families and others associated with, or related to, a person with a disability. The Act states it is illegal for employers to make rules, regulations, and/or standards that would result in discrimination (Chaikind, 1992).

The ADA also says the 'failure to hire or give equal employment benefits to such parents or others is likewise considered discriminatory' (Chaikind, 1992, p. M9). **The important thing to keep in mind is that a company with 25 or more employees cannot refuse to hire you because of the possible health insurance costs related to your child's needs** (Chaikind, 1992).

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Public Services

This part of the ADA applies to schools and all other publicly-funded programs. Specifically, this section of the Act:

- Extends protections under Section 504 of the Rehabilitation Act to cover all state or local government programs, even if they do not receive federal funds;
- Prohibits different or separate-but-equal services provided in a segregated manner to people with disabilities; and
- Allows separate services when the service provides a benefit for people with disabilities, such as recreational therapy classes.

However, these programs cannot be used to exclude your child from a program offered to children who do not have disabilities, or to refuse to provide accommodations in a regular setting.



Tawan has autism and attends her neighborhood school's kindergarten class. When her class has physical education (PE), Tawan is sent to a special PE class with five older students. Tawan wants to stay and play with her friends in her kindergarten class, but her teacher is afraid she may become disruptive if she plays with the whole class. Also, the teacher says the special class is available when her regular class has PE. Tawan's mother informs the school that under the ADA a person with a disability does not have to take part in segregated activities simply because segregated activities are available. Tawan now goes to PE with her own class.

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Mioko Matsui is 18 months old and has cerebral palsy. Her mother wants to enroll in a "moms and tots" gym class offered by the county parks program. The class director says they must enroll in the class for special children. Mrs. Matsui points out that she will be there to provide any extra assistance required. She also points out that under ADA, Mioko may attend the class and she cannot be excluded because of her disability. Mioko and her mother now attend the class every Tuesday and Thursday afternoon.

Transportation

This portion of the Act:

- Mandates that new public transportation vehicles be accessible and usable by people with disabilities.

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Danny is five years old and goes to a childcare center after school. The center is taking the children on a trip to a new mall, using the center's van. The director says Danny cannot go on the trip because there is no room for his wheelchair in the van. Under the ADA, the director has to provide trunk or roof space for the wheelchair so that Danny can go on the trip.

- Requires that paratransit services be available to anyone unable to board, ride, or exit any vehicle of the system unless the public transit system can prove a paratransit system would be an undue financial burden.



Rodrigo Moreno is three years old and uses a wheelchair with a portable respirator. He and his mother go to the Special Needs Clinic every Wednesday for speech and physical therapy. They have no car, and the bus is not accessible to Rodrigo's wheelchair. The Moreno's resource coordinator arranges for an accessible van to pick up Rodrigo and his mother, take them to the Clinic and bring them back home every Wednesday afternoon.

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Private Accommodations Used by the Public

This portion of the ADA is a key element for **all** people with disabilities and their families: it is your main lever for gaining access to the community. It is important that you remember that **the ADA regulations specifically include a childcare center and a "home or portion of a home...used as a daycare center during the day and a residence at night."** These sites are expressly included in the definition of public accommodations and must comply with the ADA (Surr, 1992). In addition, the childcare program must make its sidewalks, halls, and bathrooms accessible. This portion of the ADA affects almost every community activity.

- The ADA states that no person with a disability can be prevented from the full and equal enjoyment of services offered by a public accommodation.



Mr. Wong works for a company that has a daycare program for the children of its employees. He wants to enroll his 3-year-old son, Kai, who has spina bifida, in the program. The director of the program refuses to accept Kai because he is not toilet trained. Mr. Wong informs the director that according to the ADA, he cannot deny Kai access to the center solely because he is not toilet-trained and requires assistance, since minimal assistance is given to even "typical children" at the center. Kai goes to the center.

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- The ADA identifies 12 categories of public accommodations that must be accessible to all people:
 - 1 Hotels, motels, or inns
 - 2 Restaurants or other places that serve food and/or drink
 - 3 Movies, theaters, concert halls, or other places of entertainment
 - 4 Places of public gathering
 - 5 Places where items are sold or rented, such as toy stores, clothing stores, and grocery stores
 - 6 Places providing services, such as barber shops, banks, and real estate offices
 - 7 Depots and terminals or other stations used for specified public transportation
 - 8 Libraries and museums
 - 9 All schools and places of education
 - 10 Parks, zoos, amusement parks, and other places of recreation
 - 11 Social service centers such as childcare programs and shelters
 - 12 Bowling alleys, gyms, golf courses

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The Thomas family is going out to dinner at a restaurant in their neighborhood. Three-year-old Brian has cerebral palsy and usually takes a long time to eat. The owner of the restaurant tells Brian's parents he will not serve them because the restaurant is busy tonight. The owner doesn't want Brian taking so much of the "table time." He also doesn't want the waiter to have to clean up a "big mess and make other people in the restaurant uncomfortable." Under the ADA, the owner has to seat and serve the Thomas family.

- The ADA prohibits public accommodations from refusing to serve a person with a disability because insurance companies base their liability coverage rates on people without disabilities.
- The ADA states that goods, services, privileges, and accommodations must be provided to a person with a disability in the most integrated setting appropriate to her or his needs.
- The ADA prohibits charging people with disabilities for costs associated with the removal of barriers, or for providing sign language interpreters, ensuring nondiscriminatory treatment.

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Rico is four years old and uses crutches because of a bone disease. His mother wants him to go to the childcare center down the street from their house. Outside the front door of the center are five steps, which Rico cannot climb. The bathroom is also not accessible. The center director refuses to tear out the steps and remodel the bathroom to accommodate Rico's needs because the cost is too great for the center's budget. Rico's resource coordinator shows the director how to build a wooden ramp over part of the steps, at a reasonable cost, so Rico can get to the front door. She also shows the director how to install grab bars in the bathroom so Rico has full access.

- The ADA requires programs to make decisions based on information about an individual and **not** a class of individuals with disabilities.

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Shakti is five years old and has autism. She loves books and can read quite a few words. Her mother takes her to the library to get her own library card. The librarian, however, says that Shakti cannot get a card because she once knew a boy "like Shakti," who ruined two library books. "Anyway," the librarian continues, "Shakti can't even read." Under the ADA, Shakti will get a library card because such decisions have to be based on information about a specific person and NOT on a presumption of what a class or group of people with disabilities can or cannot do.

- The ADA prohibits public accommodations from later denying a person with a disability the opportunity to participate in integrated activities which was previously granted under the assumption that the individual was without a disability.
- The ADA allows private parties to file suit for a court order to stop discrimination. Individuals may also file complaints with the U.S. Attorney General about a pattern or practice of discrimination.

Thus, the Individuals with Disabilities Education Act, Section 504 of the Rehabilitation Act, and the Americans with Disabilities Act together provide you with the keys that will open the doors of regular education classes and community programs available to children without disabilities. The Americans with Disabilities Act provides the greatest and most far-reaching opportunities for strengthening "the least restrictive environment" principle, and for bringing about your child's inclusion in schools and in the community. The ADA gives you and your child equal opportunities not only to participate, but to dream (Klein & Schleifer, 1992, p. 12).

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Judicial Decisions that Support Inclusion

Through a series of broad legislative decisions your child has the right to be included in classes and programs with her or his peers. Despite this, many families still fight for the legal right to send their children to their home schools and to community programs offered to children without disabilities. Many families have battled local and state education agencies all the way to the United States Supreme Court over their right to have their children fully included in their schools and communities. We summarize some significant court decisions related to inclusion below. Please note that these cases pertain to children between the ages of 3 and 21.

The first two judicial decisions affecting the educational lives of children with disabilities were made in Pennsylvania and in the District of Columbia. In 1972, the Pennsylvania Association for Retarded Citizens (PARC) and 13 children with mental retardation filed a class action suit against the state of Pennsylvania claiming the state did not provide all school-age children with a public education (NICHCY, 1991).

A consent decree settled the PARC lawsuit. The decree prevented the state of Pennsylvania from applying any law ending, denying, or postponing access to public education for children with mental retardation. In addition, the decree made sure Pennsylvania would identify all school-age children with mental retardation and place them in "a free public program of education...appropriate to their capacity" (NICHCY, 1991, p.3). Lastly, the court concluded it would be highly desirable to educate children with mental retardation in programs most similar to those for children without disabilities (NICHCY, 1991).

The 1972 District of Columbia case involved the parents and guardians of seven Washington, DC children with disabilities, who were not permitted to attend school (NICHCY, 1991). The case was settled by a direct judgment against the District of Columbia School Board: the court ruled that the District of Columbia schools must provide **all** children, regardless of the severity of their disabilities, with a publicly-funded education (NICHCY, 1991).

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After these two landmark court decisions, the court enacted P.L. 94-142 in 1975. P.L. 94-142 gave children with disabilities in every state and community access to their local schools, in the least restrictive environment (LRE). However, over the years, local and state education agencies often loosely interpreted the least restrictive environment principle. Thus, families, in many cases, have asked the courts to decide what constitutes the least restrictive environment for children with disabilities. We summarize four important LRE court decisions below:

1. Roncker v. Walter

The Ronckers' son was segregated from children without disabilities because of his IQ score. The Ronckers, however, wanted their son to interact with students without disabilities to improve his behavior and speech. The hearing officer decided the Ronckers' son should be integrated with children without disabilities for recess, lunch, and on the school bus, and segregated for academic work. These opportunities for integration, did not exist, since the child attended a special, segregated school. The U.S. Sixth Circuit Court asked why the neighborhood school could not provide whatever the segregated school provided, such as supplemental services and aids. The Court ruled: "If services could feasibly be provided in a non-segregated setting, then placement in the segregated school would be inappropriate under the Act" (Martin, 1992). This has become a standard ruling courts use in integration and inclusion suits.

2. Daniel R.R. v. State Board of Education

Daniel R. R. attended a half-day special class for young children with mental retardation and language delays. Attending this class, Daniel had no opportunity to interact with children without disabilities, an opportunity Daniel's parents wanted him to have. The school allowed Daniel to attend a regular pre-kindergarten class for the other half of the day. The school then decided that it was too difficult for Daniel to keep up with the other pre-kindergarten children and removed him from the class, saying that Daniel could interact with these children at lunch and recess.

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Daniel's parents objected to this decision. The hearing officer and District Court ruled in favor of the school: Daniel's parents then appealed the decision. The U.S. Fifth Circuit Court ruled that "... if the child's individual needs make mainstreaming appropriate, we cannot deny the child's access to regular education simply because his educational achievement lags behind that of his classmates" (Martin, 1992, p. 10). The Court looked at four points regarding the inclusion of children with disabilities in the regular classroom:

- ① Has the State tried to accommodate the child's needs with special aids and services in the regular classroom?
- ② Will the child have academic and/or nonacademic benefits in the regular classroom?
- ③ Will there be any harmful effects on the child?
- ④ What effect will the child have on the regular classroom environment?

Furthermore, the Circuit Court ruled that "academic benefits are not mainstreaming's only virtues. Rather, mainstreaming may have benefits in and of itself... although a handicapped child may not be able to absorb all of the regular education curriculum, he may benefit from nonacademic experiences in the regular education environment" (Martin, 1992, pp. 10-11).

3. Sacramento City Unified School District v. Holland

This is the first court case to present a judicial definition of "inclusion" (Martin, 1992). Rachel Holland attended special education class from 1985-1989 because of her moderate mental retardation; she attended a regular education class for only a small portion of each day. When Rachel was nine years old, her parents asked that she instead be placed full-time in a regular kindergarten class. The school district denied their request and offered to replace Rachel full-time in a special education class.

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During mediation, the school district recommended a special education class for all academic courses with regular classes for art, music, lunch, and recess. This plan would have required Rachel to change classes six times a day. The Hollands rejected the plan because they believed that Rachel could learn both academic and social skills in a regular education class, and that she would not benefit from a special class placement. The Hollands put Rachel in a private kindergarten, and then requested a hearing. The hearing officer ruled that Rachel's behavior, IEP goals, and motivation were consistent with a regular first grade placement. The school district appealed. The Court adopted an LRE standard: "The decision as to whether any particular child should be educated in a regular classroom setting, all of the time, part of the time, or none of the time, is necessarily an inquiry into the needs and abilities of the child, and does not extend to a group or category of handicapped children..." (Partin, 1992, p.8). The Court used the IDEA to justify the inclusion of children with disabilities into regular education (Partin, 1992). The Court ruled that Rachel and her peers would benefit from this placement and the costs of these benefits were not of a "magnitude that will affect other programs or other handicapped children" (Martin, 1992, p.27).

4. Rafael Oberli v. Board of Education of Clementon, NJ

Rafael Oberli is an eight year-old boy who has Down Syndrome. His school district believed his low IQ scores and disruptive behaviors required "an out-of-district segregated class for 'multiply handicapped' children" (Marafino, 1992). Rafael's family appealed to the U.S. District Court for an inclusive placement. "The Court made several findings of fact that should guide and control the education of students with complex special needs" (Marafino, 1992, pp. 118-119):

- Rafael and other children with disabilities may be harmed when placed in segregated classes, with inappropriate role models and away from family and friends.

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- Success in segregated schools and segregated classes is unlikely to lead to successful functioning in either the community or in regular education settings.
- Rafael and other children with disabilities need access to integrated experiences where they can learn to function effectively. People without disabilities also benefit through such experiences by learning to interact with people with disabilities.
- Inclusive public education for children with disabilities offers substantial benefits for all children, and for the community at large.

The Court ruled that none of the school district's Individual Education Plans called for meaningful opportunities for integration with students without disabilities, and therefore, violated the IDEA. The Court also ruled that the school district violated the IDEA when it placed Rafael in a regular class without supplementary supports, a curriculum plan, and a behavior management plan. The Court further ruled that the district violated Section 504 both by failing to make reasonable accommodations to enable Rafael to benefit from an inclusive education program, and by excluding him solely on the basis of his disability. The Court also provided the following definition:

When a child with a disability is placed as a full member of a regular class with the provision of supplementary aids and services, this is known as supported inclusive education.

"Inclusion," the judge said, "is a right, not a privilege for a select few."

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What Does A "Good" Inclusive Program Look Like?

How can you tell whether or not a program for young children is inclusive? One of the first signs is that the staff is committed to providing flexible, creative options to help include you and your child. This means that educational or intervention settings are not the only places in your community where you and your family can participate. This chapter discusses the characteristics of a good inclusive program.

Providing Options and Alternatives

Part H of the IDEA states that you must have options for services. The IDEA requires that services for three-through-five-year-olds be in the least restrictive environment, with service options that are **really** alternatives to traditionally-based models of LRE (Noonan & McCormick, 1993). There must be a range of flexibility in planning, designing, and delivering services to you and your family. Your child's strengths and needs and your family's choices and preferences must be carefully matched to the program, services, and/or school (Noonan & McCormick, 1993).

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The Quotio family lives on a large reservation in a western state. Their three year-old son, Joey, has Down Syndrome. Joey's parents have difficulty explaining Joey's condition to tribal elders, so they stay home much of the time. Joey needs speech and physical therapy. To meet the family's cultural preferences, these services are provided at the Quotio's home. However, the resource coordinator thinks Joey needs to develop social skills, and that Joey's mother could benefit from meeting other parents who have children with disabilities.

The resource coordinator and the parents agree on a plan of speech and physical therapy at Joey's home three mornings a week, and Joey attending the Head Start program near the reservation every afternoon; his mother will attend the Head Start family program once a week.

Early childhood research, as well as the law, indicates that children with disabilities need specialized instruction, **not** specialized settings (Noonan & McCormick, 1993). Professionals who develop IFSPs and IEPs can provide a variety of services for your child, and can work with your family to increase opportunities for inclusion through the use of creative, flexible alternatives and options: childcare programs, nursery schools, play groups, library groups, and recreation programs are among the alternative, naturally occurring environments that can be used as inclusive community settings for your child (Bruder, 1991).

What Does A "Good" Inclusive Program Look Like?



Julia and Jorge speak little English, have a limited income, and know few people in their city. Their two-year-old son, Mateo, has a developmental disability and receives early intervention services at home. The public health nurse thinks that Mateo would benefit greatly from swimming therapy.

She tells Mateo's parents that there is a swimming program at the YMCA. She explains that swimming would not only be therapeutic for Mateo but would also help him meet other children and learn English more quickly. The nurse also explains that Julia and Jorge could meet other families, make friends, and improve their English.

Because the family has no money for a YMCA membership, the IFSP team arranges to purchase one for the family. They also make arrangements for Mateo to enroll in the YMCA preschool when he reaches two and a half years of age. He will attend the preschool every morning, and the YMCA babysitter program providing childcare so that Mateo's mother will be able to get a job rather than stay at home with him.

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In the two examples in this section, program staff worked with the families to meet their individual needs, were sensitive to cultural differences, and used community resources to provide inclusive opportunities for young children. These are new, non-traditional ways for improving the **quality** of services. The staff is concerned with getting flexible support within the community for the whole family.

Effective Programs

The Community Inclusion Project in Connecticut identified eight indicators of quality inclusive childcare/early intervention programs (Bruder, 1993). You should look for and ask staff about some of these program elements when you are seeking early childhood or daycare programs for your child.

1. *A Well-defined Program Philosophy for Inclusive Early Childhood Services*

Research over the last twenty years has shown several reasons for early childhood programs to have a clearly stated philosophy about children, families, staff, and services (Bruder, 1991):

- ★ A clear set of guiding principles results in a program with a sense of professionalism and a sense of "togetherness" among the staff.
- ★ A program with a well-defined philosophy tends to provide services that are effective for children with disabilities and their families.

When early intervention and early childhood programs for children with disabilities began, they were usually based on principles of "fixing" the child. The programs were located in segregated facilities, with little interaction among and between professionals. Families usually did not play a major role in the child's program. Over the past decade, however, federal laws as well as research on effective early intervention

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programs have brought about changes in the ways services are provided to young children with disabilities.

Intervention models are beginning to focus on developing your child's strengths and competencies in inclusive, community-based programs. A successful component of these models is the recognition of **your** role in determining the services and supports provided. However, many newer programs still lack clearly stated values on which to base their activities.

Some forward-looking program administrators are combining the legal requirements and research-based best practices for early intervention services into one philosophy, centered on inclusion. According to Stainback and Stainback (1990), an inclusive program is one where everyone is accepted and supported by his or her peers, while having his or her educational needs met.

2. *A Consistent and On-going System for Family Involvement*

Programs, classes, and activities for young children must be determined by you, the family: this means that services should be provided in ways that are sensitive to your family's lifestyle, values, cultural preferences, and choices. The family is the primary decision maker and an equal partner in the delivery of services.

3. *A System of Team Planning and Program Implementation*

The IDEA requires you and a **team** of professionals to meet and develop your child's IFSP or IEP. Team members must have state-of-the-art knowledge of medicine, speech, physical therapy, education, and social services. It is usually not difficult to find teams with solid skills and sound knowledge, but it is often hard to find teams that share a common vision, goals, and values about you and your family. A sound team shares roles, communicates openly, schedules regular meetings, and involves you, the family.

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4. *A System of Collaboration and Communication with Other Agencies*

In order to provide you and your family with the best possible services and supports, professionals from all of the agencies involved must talk and work together. The various agencies must share common goals and values; they must see the benefits of using existing community resources for service delivery.

5. *A Well-constructed IEP or IFSP that Dictates the Instructional Content for Each Participating Child*

The purpose of the IEP or IFSP is to spell out the desired goals and outcomes you and your team of professionals have developed. This document guides your child's daily activities and routines at his or her early intervention, preschool, or childcare program. Each goal includes strategies to be used in daily activities in order to maximize your child's growth and development. The strategies and activities in the IEP or IFSP must reflect the skills your child needs to participate in natural settings.

6. *Integrated Delivery of Educational and Related Services*

This means every adult on your child's team must share roles and responsibilities to enhance the interventions your child receives. For example, a two year-old needs physical therapy to develop the fine motor skills needed to drink from a cup. Rather than sending the child to a physical therapist for 30 minutes, three times a week, the teacher and aide, who were trained by the physical therapist, work on this skill with the child during snack time. The teacher and aide could also work on other skills the child needs for participating in group activities.

Sharing responsibilities and roles does not mean that fewer staff members are needed. Rather, in this model, every adult involved with your child provides related services on a continuing basis.

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7. *A Consistent and On-going System for Training and Staff Development*

Early childhood professionals must have current knowledge and skills. To accomplish this, they must receive regular training. For training to be effective, however, it must concentrate on the particular needs and values of the staff receiving the training. Thus, each staff member must plan to take part in group or individual training via videotapes, mentorships, conferences, college courses, and inservice or workshop training.

8. *A Comprehensive System for Evaluating the Effectiveness of the Program*

Because so many factors are involved in early intervention programs (particularly those in new, non-traditional settings), evaluation of services and children's progress must be done at different levels. This means that a program measures:

- how and when your child meets the criteria set for mastery of goals,
- what affects your child,
- how the program affects your family,
- how the program affects the staff, and
- your family's satisfaction with the program.

Characteristics of an Inclusive Program

An inclusive program has certain characteristics that you may want to consider when you begin to look for programs and classes for your child. The staff, above all else, must believe all children can and should learn and play together. A high degree of creativity, flexibility,

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and family involvement are also crucial elements. Noonan and McCormick (1993) identified the following characteristics of inclusive early childhood programs:

What an Inclusive Program Looks Like

BIRTH THROUGH TWO	THREE- to-FIVE-YEAR- OLDS	KINDERGARTEN
Takes place in regular settings, such as child care centers or homes	Takes place in regular nursery or preschools	Takes place in regular class; child attends part- or full time
Has flexible schedules to meet families' needs; has a high level of family involvement	Run by early childhood professionals and paraprofessionals; may have special education teacher or consultants on staff; has high family involvement	Taught by certified teacher; may have classroom aide
Has different staff:child ratios from state-to-state	Has staff:child ratios of 1:10 or higher	Has staff:pupil ratio of 1:20 or higher
Provides consultants to assist staff in providing specialized care or instruction to infants and toddlers with disabilities	Provides support to staff in order to carry out IFSP/IEP goals; uses "developmentally appropriate practices" such as child-driven and child-guided learning; exploratory play; children select activities in small groups with minimal adult supervision	Has specialized teachers and related services personnel to provide consultation, support, and specialized services, as indicated on IEP; follows regular curriculum with adaptation as necessary; tends to be less family involvement

.....

How Do You Bring About Inclusion?

Say that your child is receiving services at home, at a center, or in a segregated program, and you decide you want her or him to become part of an inclusive program. What do you do to make this happen?

This chapter deals with the nuts and bolts of choosing an inclusive program to meet the needs of your child and family. It is really a guide to "how to get there from here." It is how the theory and legal rationale discussed earlier fit together and are put into practice. This is a multi-step process, and you shouldn't try to carry it out alone or in a haphazard way. Work together with your IFSP or IEP team and local early intervention program or preschool education committee. Here are some suggestions for organizing the process of finding, choosing, and developing an inclusive program for your child. Also included is information to assist you if, for some reason, your plans for inclusion are opposed by the team members or agencies.

Appendix A contains information about disability organizations and advocacy groups that may be helpful when you start planning for an inclusive school or program for your child.

Step 1: Know Your Child

It is often difficult to judge your own child in an unbiased way, but you must know your child's strengths and needs in order to find the right inclusive class, program, or school. You must also organize your observations about your child so that all of the information makes sense: you will need this information in order to place your child in an inclusive

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program. Here are some different ways to observe and record information about your child.

The book, Negotiating the Special Education Maze, by Anderson, Chitwood, and Hayden (1990), suggests a system for you to use when describing your child's skills and strengths. By focusing on these six developmental areas, you will be able to observe and describe your child's abilities:

- ① **Movement** - The ability to use muscles to move the body for walking, jumping, holding objects, rolling, balancing, sitting, and chewing.
- ② **Communication** - The ability to understand, respond to, and use language, written symbols, and gestures.
- ③ **Social relationships** - The ability to relate to other people.
- ④ **Self-concept/independence** - The ability to distinguish oneself from others and to care for one's own needs.
- ⑤ **Senses/perception** - The ability to use eyes, ears, and the senses of touch, taste, and smell.
- ⑥ **Thinking skills** - The ability to solve problems, reason, make associations, etc.

Some of these areas, of course, don't apply to observations of infants and young children. However, they are important measures of growth and development and should be kept in mind as the child gets older.

You might organize and record your observations, on a chart similar to the one shown on the next page.

How Do You Bring About Inclusion?

What (Name of Child) Can Do

Activity	All the Time	Some of the Time	Not at All
Movement Can sit by self Can pull up in crib Can roll over	5/30/92	2/25/91	
Communication Points to favorite toy Says mama/dada Babbles Says two words Says five words	8/20/91 5/12/91		
Social relationships Smiles at family Shares toys Plays with others	1/3/92		
Self-concept/ independence Holds own bottle Drinks from cup			
Senses/perceptions Follows objects Hears noises Tells sounds apart Knows voices			
Thinking skills Recognizes faces Knows alphabet Can read 3 words			

(Adapted from information in Anderson, et al., 1990)

This chart covers a wide range of developmental skills. It is meant to provide only a sample of the activities each developmental category might include, particularly as your child gets older. We encourage you to create your own charts to meet your child's needs. In addition to your own observations, the IFSP or IEP team will conduct different assessment of your child's developmental progress. Your observations and the team's records should be shared and combined.

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Step 2: Share Your Vision for Your Child

Once you have a good picture of your child's strengths, it is time to begin the inclusion process. Your next step is to identify advocates, friends, and professionals who share your dreams and vision for your child: these people might be other family members, neighbors, IFSP or IEP team members, resource coordinators, and members of support groups or disability advocacy organizations to which you may belong. As a group, meet and discuss your child's strengths, and what types of supports will make inclusion a successful experience for her or him.

Step 3: Meet with Your Child's Team

After you have decided on an inclusive program for your child, meet with your IFSP or IEP team. Remember that while many professionals in the field of early intervention support an inclusive model of services, many others are not familiar with the philosophy and benefits of including children with disabilities. Be prepared to explain the importance of this model for your child and family. Some of the ideas you want to get across include:

- Federal laws and court decisions support inclusion.
- Your child will have positive role models.
- Your child will have opportunities for friendships.
- Inclusive settings send a message that everyone is valued and respected; diversity is celebrated, not rejected.

When you meet with members of your child's team, bring with you another person who shares your vision. This person will not only be a support for you, but he or she will also be able to clarify and reinforce your ideas to the team.

How Do You Bring About Inclusion?

Below are some strategies for you to keep in mind at this meeting:

- ✓ Be clear about your objectives.
- ✓ Be non-threatening and informative.
- ✓ Remember that you are not alone in this effort. Other families and professionals are doing the same thing you are doing.
- ✓ Form bonds with your team members.
- ✓ Let the team members present their views about inclusion and how they see your child fitting in the program.
- ✓ Ask the team to help you determine what supports and aids your child needs to succeed in an inclusive setting.
- ✓ Ask the team members to give the program you select the information it needs about your child.
- ✓ Write an **inclusive** placement into your child's IFSP or IEP. This means, for example, that if you want your child to socialize with children who do not have disabilities, you should write this as a goal in the IFSP or IEP, as in:

Domingo will demonstrate that he can verbally use up to 15 words to communicate with classmates across routines and activities in a regular preschool classroom.

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Step 4: Select Supports for Successful Inclusion

You have now developed a "picture" of your child's strengths and needs and expanded your vision for what you want for your child. The next step is to ask yourself and your vision-building group, "What supports and services are needed to build on my child's strengths and to help her or him succeed in an inclusive setting?" Some of your options might include:

- a special educator who consults on a regular basis,
- assistive technology,
- special medical or physical equipment,
- a part-time or full-time aide,
- speech or physical therapy, and
- other accommodations agreed upon and listed in the IFSP or IEP.

When you're building an appropriate inclusive program, keep in mind four key support areas:

1. *Communication:* Supports in this area include:

- Alternative communication, such as sign language, a communication board, or a computer-assisted system.
- A speech therapist who visits your child in the classroom and works with her or him as part of the regular class routine, or teaches the regular teacher and students strategies for facilitating your child's communication development.

How Do You Bring About Inclusion?

- 2 **Mobility:** If your child has difficulty with mobility, the question of accessibility is important: your child must be able to go wherever her or his classmates go. Solutions for accommodating your child's needs must be discussed and decided upon before your child's enrollment.
- 3 **Self-Help:** In order to become as independent as possible, your child may need to work on everyday adaptive skills such as eating, dressing, and eye-hand coordination skills. An occupational therapist (OT) should work with your child on these activities in the regular classroom, as part of the regular class routine. The OT also may consult with your child's teacher to incorporate specific activities into the regular teaching program for your child. The OT can also monitor your child's progress through regularly scheduled classroom observations.
- 4 **Medical/Health Needs:** If your child requires special medical equipment or has specific medical needs, it may be necessary for you or another trained person to provide training for the class/school staff so that they know the day-to-day procedures, as well as the emergency techniques. You will have to talk to the staff about administering any medications your child needs during the school day.

Two important things to remember:

- ① Your child may require supplementary services and aids in order to succeed in inclusive programs. The courts have ruled that these kinds of accommodations must be provided. Request them for your child; and
- ② The IFSP or IEP goals must meet your child's needs.

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Step 5: Find a Daycare or School Program

This is the hard part of the process: locating, visiting, and selecting the "right" place for your child. The following pages will help you through the process.

- ***Locate the program:*** There are several ways to locate an inclusive program for your child:
 - ~ Ask friends who have young children in school.
 - ~ Ask friends who are in the field of education.
 - ~ Ask IFSP or IEP team members.
 - ~ Look in the telephone directory.
- ***Make an appointment:*** Select several schools or programs and:
 - ~ Call the school and ask to speak to the director.
 - ~ Explain that you are looking for a school for your child and want to visit.
 - ~ Visit the school at a time convenient for you, but go when the children are there (not when they're napping or on a field trip).

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- ***Make a list of questions:*** Before you visit the program, write out a list of questions you want to ask the director and observe for yourself:
 - ~ What is the philosophy of the school?
 - ✓ What child development theory do they followed?
 - ✓ How is the classroom arranged?
 - ✓ How do the teachers interact with the children?
 - ~ What does the room/school look like?
 - ✓ Are there bright colors?
 - ✓ Are the children's pictures on the walls at a level where they can easily see them?
 - ✓ Are there words on bulletin boards for the children to see?
 - ✓ Are the children's names and birthdays on display?
 - ✓ Are there areas for quiet-time activities?
 - ✓ Are there open areas or outside equipment for developing motor skills?

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- ~ Is the place physically accessible?
 - ✓ Could one or two steps be managed?
 - ✓ Is there an accessible space in the parking lot?
 - ✓ Could the inaccessible places be modified at low cost?
 - ✓ If a wheelchair ramp were put in, would it also be helpful for families with children in strollers?
- ~ What is the staff:child ratio?
 - ✓ Is there enough staff to meet the needs of each child?
- ~ What are the school hours?
 - ✓ Is there an early drop-off time for families who have to go to work early?
 - ✓ Is there a late pick-up time for families who work past traditional school hours?
 - ✓ Is the school on "split sessions"?
- **Develop a folder of inclusion resources:** Collect articles and other resources about inclusion and have them on hand to take with you when you visit schools and meet with the directors.

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- ~ Articles written by parents, summarizing how their children were included.
- ~ Articles written by researchers and educators, showing research data and outcomes.
- ~ Names of inclusion resource experts in the area who can help with the process.
- ~ Information on grants or projects that can help with training.
- ~ Names of other programs that are successfully including children.

These are just a sampling of questions and issues you will want to talk over with the director. If any of these areas pose a problem to your family, discuss them with the director and your IFSP or IEP team. Appendix B has the Early Childhood Community Program Inventory for Families, and this will help you develop questions and organize the information you gather when you visit the schools. Appendix C contains the titles of articles and videos about inclusion.

Step 6: Meet with the Director

After you have developed your questions and gathered your inclusion information, it is time to visit the school and talk with the director and staff. Make sure you let the director know your child has a disability, but that you feel his/her needs can be met within a regular early intervention setting. Explain what you like about the school, and why it is good for your child's educational and social development.

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Remember to emphasize your child's strengths and capabilities, and explain how role models of the same age will be good for your child. Make your vision for your child clear, and explain why you want your child included.

Find out if other children with disabilities are currently in the school or have been there in the past. If the answer is "yes," find out what their experiences were.

Step 7: Bring Your Child to the School or Program

Make arrangements to bring your child to school to meet the children as well as the adult staff. Ask the director if your child could spend some time in the appropriate class. Make more than one visit, so that everyone involved feels comfortable.

The staff members responsible for your child's program should have an opportunity to play, communicate, and interact with your child. The staff should also have time to see you and ask you questions about any special equipment and/or medications your child uses. It is very important to see what your child's reaction is to the program, to the staff, and to the other children. Watch for emotional cues, and if possible, ask your child how she or he liked the visit. This information is vital to helping you make your decisions.

Step 8: Include School Staff on the Team

Once you have decided on a school or program that meets all of your criteria, it is important to include your child's new teacher(s) on the IFSP or IEP team; it's also important to keep in mind that you are a full and equal partner on this newly expanded team.

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The first thing the new team must do is develop a new IFSP or IEP, making sure that the necessary supports are in the document and in the classroom. The staff of the new school will be responsible for implementing the IFSP or IEP; therefore, they must have input into the goals and objectives. They have to feel comfortable with what is expected both of them and of your child.

Incorporating the IFSP and IEP goals and objectives into all activities during the day is important. This means including your child in all activities, eliminating the need for your child to be "pulled out" for specific activities separate from her or his class. Together, you and other team members will decide how to implement each of the goals and adapt the curriculum used in the class. The planning form on the next page gives you an example of how specific goals can cross developmental domains, settings, and people. It also provides criteria for mastery and strategies for implementation. This form is easy for all team members working directly with your child to use.

If your child receives any special services during the school day, the team must work out ways to provide those services without interrupting the regular class schedule. If there is no way to arrange this, then you may want to have the services delivered at home or at another location after school. Inclusion **does not mean** giving up needed related services and supports.

If your child is currently in a segregated program, her or his tuition is being paid for by state and federal dollars. When you change to an inclusive program, that tuition funding may not be available for your child's new program. This means that some families who want an inclusive program or school have to pay for the costs themselves; other families can retain government funding when they change. Still other families make arrangements with the local educational agency to cover the costs of including their children in typical early childhood programs.

IFSP/IEP PLANNING TOOL

OUTCOMES	DEVELOPMENTAL DOMAIN	INTEGRATED ACROSS DEVELOPMENTAL DOMAINS	FUNCTIONAL	CRITERIA FOR GENERALIZATION	CRITERIA FOR MASTERY	FACILITATION STRATEGIES
The child will independently move throughout the classroom and home to participate in activities and routines	motor cognitive	yes	yes	across at least 5 activities with 3 adults in 2 settings	over three days with no physical assistance	using a walker after proper positioning
The child will use gestures and vocalizations to communicate wants and needs to peers and adults during the day at home and in the classroom	communication skills	yes	yes	across at least 5 activities with 3 different children and 2 adults in 2 settings	probed once a week for 3 weeks	teacher/child will provide preferred material activities and not allow access until a communication overture occurs
The child will use a pincer grasp during activities such as blocks (cubes), coloring, pegs and snack	fine motor cognitive self care play	yes	yes	across 4 types of materials in 4 activities across 2 settings	daily over 1 week	teacher will provide materials and assist in child's grasping skills when needed
The child will tolerate a variety of textures of foods when eating independently with a spoon at home and in school	self care (eating) fine motor speech	yes	yes	graduated textures and 3 types of spoon	every meal for 1 week in school and home	oral motor desensitization activities prior to eating; adapted spoons

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How Do You Bring About Inclusion?

The information just provided is not intended to make the inclusion process seem like a quick, "1-2-3" process. It isn't. Inclusion takes time, dedication, and commitment to the belief and value that all citizens are entitled to free and equal access to their community.

Step 9: Identify Options when Full Inclusion is Denied

This last section of this guide provides information to assist you when you are confronted with obstacles in initiating the inclusion process. Below are some options you can use when an inclusive program is denied.

- ***Private or parochial schools:*** If you want your child in an inclusive program but your request was denied, a private or church-run school or program may be willing to enroll your child. These schools frequently require you to pay extra for a support person to be with your child during a portion of or for all of the day. You usually pay, as well, for the costs of the program.
- ***Part-time inclusion:*** If a segregated program is your only choice, you may want to work with the IFSP or IEP team to arrange for your child to spend part of the day in an inclusive program, and the rest of the day in a segregated program.
- ***Inclusion in the community:*** If the possibility for including your child during the school day is ruled out by officials, you may want to consider using community-based programs for socialization activities. Public libraries, the YMCA and YWCA programs, park and recreation activities, museums, and other programs for young children are important options. Churches and synagogues also run religious school programs and activities.

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Step 10: Locate Advocacy and Legal Assistance

The last step in bringing about inclusion for your child may be seeking professional, legal, and/or advocacy advice. This is a difficult choice to make. It usually means financial costs, an emotional drain, and time-consuming effort. However, many families who are committed to equality for their children have pursued this aggressive and strenuous course. The Roncker, Oberti, Ramirez, and Holland families are examples of what this line of pursuit means not only for their children, but for thousands of other children.

The chapter on the legal foundations for inclusion clearly spells out what the laws say about inclusion and placements in the least restrictive environment. The U.S. District judge in the case of Rafael Oberti v. Clementon School District made the legal grounds clear when he said, "Inclusion is a right, not a privilege for a select few."

Often families seek advice from their own attorneys regarding legal action to bring about inclusion. This area of the law is highly specialized and requires the knowledge and skills of people well-trained in disability issues and rights. Appendix A lists resources for you if you opt for legal interventions and do not know an attorneys with these specialized legal skills.

Don't give up on your dream and your vision for including your child in regular school and daycare programs. Join with other families who are also pursuing this goal. Contact the media and explain your activities; educate decisionmakers and the general public. Change will come, but change comes slowly.

Eleanor Roosevelt said, "The future belongs to those who believe in the beauty of their dreams."

* * * * *

Summary

Inclusion is a philosophy, a process, and an outcome that offers children and adults with disabilities opportunities to learn, play, and live in the community with their relatives and friends who do not have disabilities. Inclusion is based on laws and court decisions that mandate access to non-restrictive environments, with whatever supports and aids are necessary.

The most dramatic illustration of what inclusion is all about is this story of what actually occurred in an inclusive childcare program in an eastern city:

Jonathan is a two-year-old who goes to a childcare program during the day when his parents are at work. Jonathan is blind, is fed by a special tube, and speaks very little. All of the children in the program like Jonathan and play with him.

One day the grandmother of one of Jonathan's friends comes to the program to pick up her grandson, Khalid. Khalid greets her and takes her around and introduces her to his friends.

They approach Jonathan's wheelchair and Khalid says, "Gramma, this is Jonathan. And you know what, Gramma? We have to help Jonathan. Do you know why we have to help him?"

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The grandmother starts to answer, based on Jonathan's disabilities, but Khalid answers before she has a chance. "We have to help him because he does not have a lunch box. Do you think we can buy him a lunch box, Gramma?"

Jonathan's friends don't notice that Jonathan is fed through a tube making a lunch box unnecessary. They only notice Jonathan is a kid like them; he only needs a lunch box to be fully included in the program.

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APPENDIX A

DISABILITY/ADVOCACY ORGANIZATIONS

Advocacy Support Organizations

Council for Exceptional Children
Division of Early Childhood
P.O. Box 79026
Baltimore, MD 21279 - 0026

National Association of Protection and Advocacy Systems
300 I Street, NE
Suite 212
Washington, D.C. 20022

National Center of Parent-Directed Resource Centers
535 Race Street
Suite 140
San Jose, CA 95126
(800) 397 - 9827

National Information Center for Children and Youth with Handicaps
(NICCYH)
P.O. Box 1492
Washington, D.C. 20013
(800) 999 - 5599
TDD# (703) 893 -8614 (for hearing impaired)

SAFE (Schools Are For Everyone)
P.O. Box 9503
Schenectady, NY 12309

TASH (The Association for persons with Severe Handicaps)
11202 Greenwood Ave. N
Seattle, WA 98133
(206) 261 - 8870

APPENDIX B

**EARLY CHILDHOOD COMMUNITY PROGRAM
INVENTORY FOR FAMILIES**

EARLY CHILDHOOD COMMUNITY PROGRAM
INVENTORY FOR FAMILIES

Program: _____

Address: _____

Contact Person: _____ Phone: _____

1. Composition

1.1 What is the total number of children enrolled in the program?

1.2 How many children are enrolled in each age group?

_____	Infant group	_____	Four years of age
_____	Toddler group	_____	Five years of age
_____	Three years of age		

1.3 What is the average class size?

_____	Infant group	_____	Four years of age
_____	Toddler group	_____	Five years of age
_____	Three years of age		

1.4 What is the teacher/student ratio?

Teacher/Student

_____/_____	Infant Group
_____/_____	Toddler group
_____/_____	Three years of age
_____/_____	Four years of age
_____/_____	Five years of age

1.5 Does the program currently enroll children with disabilities?

_____ Yes

_____ No

1.6 Has the program enrolled children with disabilities in the past?

_____ Yes

_____ No

2. Teacher/Staff Qualifications

2.1 What type of early childhood training do the teachers/staff have?

Describe:

2.2 Have the staff taken any courses related to the education of young children with disabilities?

_____ Yes

_____ No

2.3 Are workshops or training opportunities available for staff throughout the year?

_____ Yes

_____ No

2.4 Do the staff feel they can teach children with disabilities?

_____ Yes

_____ No

- 2.5 Describe any experiences the teachers/staff have had interacting with children with disabilities?

Type of interaction

Role

Child's needs

3. **Related Support Services**

- 3.1 Are the program staff willing to work cooperatively with other professionals (for example, special education teacher, speech therapist, physical therapist)?

_____ Yes

_____ No

- 3.2 Is there time available for the program staff to consult with other professionals (for example, speech therapist, physical therapist)?

1

2

3

4

5

always

sometimes

never

- 3.3 How would related services be provided in this setting?
Describe:

- 3.4 Who will coordinate these services?

- 3.5 Who will monitor these services?

4. **Physical Setting**

- 4.1 Is the room designed for children (for example, child size furniture) and childproof (for example, dangerous materials out of reach or locked up)?

1	2	3	4	5
always		sometimes		never

- 4.2 Is there enough space for the number of children?

1	2	3	4	5
always		sometimes		never

- 4.3 How is the space divided?

- 4.4 Are there special areas for a variety of activities?

☐ art/painting	☐ dramatic play
☐ block/manipulatives	☐ book/puzzles
☐ gross motor area indoors	☐ sand/water play
☐ outdoor play area	☐ other

- 4.5 Are the potentially active/noisy areas separated from the quiet areas?

☐ Yes	☐ No
------------------------------	-----------------------------

- 4.6 Are there adequate areas for children to rest and sleep?

☐ Yes	☐ No
------------------------------	-----------------------------

4.7 Is the space for diapering/toileting separated and private?

☐ Yes

☐ diapering ONLY

☐ No

☐ toileting ONLY

4.8 Is the space for hygiene (toothbrushing, handwashing, and so on) separated and private?

☐ Yes

☐ No

4.9 Is there a well-defined separate eating area?

☐ Yes

☐ No

4.10 Is a sink accessible to the eating area?

☐ Yes

☐ No

4.11 Can your child access the classroom area as it is?

☐ Yes

☐ No

If no, what modifications need to be made?

4.12 Is there space to store specialized equipment?

☐ Yes

☐ No

4.13 Are there areas where therapists can work with children and teacher?

☐ Yes

☐ No

USE THIS SPACE TO SKETCH A DIAGRAM OF THE SPACE

5. **School Climate**

- 5.1 Do staff encourage independence (for example, are children permitted to test their physical abilities and to master difficult tasks with teacher supervision)?

1	2	3	4	5
always		sometimes		never

- 5.2 Are children encouraged to work independently, without teacher attention or reinforcement, for some part of the day?

1	2	3	4	5
always		sometimes		never

- 5.3 Does the program provide opportunities for the children to take a certain amount of risk physically and emotionally?

1	2	3	4	5
always		sometimes		never

- 5.4 Do the children appear to be comfortable and free with one another in the group?

1	2	3	4	5
always		sometimes		never

- 5.5 Do the children encourage one another, appear to play well together, and work cooperatively among themselves?

1	2	3	4	5
always		sometimes		never

5.6 Are children allowed to explore or act things out without constant interference from adults?

1	2	3	4	5
always		sometimes		never

5.7 Do opportunities exist for children with disabilities to interact with the non-disabled children in the classroom?

1	2	3	4	5
always		sometimes		never

5.8 Do the staff encourage appropriate interactions?

1	2	3	4	5
always		sometimes		never

5.9 Are peer tutors or buddies used, or are staff willing to try such a system?

1	2	3	4	5
always		sometimes		never

6. **Staff Interactions With Children**

6.1 Does the staff smile and look directly at children when talking to them?

1	2	3	4	5
always		sometimes		never

6.2 Does the staff appear comfortable when interacting with the children?

1	2	3	4	5
always		sometimes		never

6.3 How does the staff spend most of their time?

☐ playing/teaching children ☐ disciplining
☐ talking with other staff ☐ arranging
☐ talking with parents
☐ materials/cleaning

6.4 Are the staff sensitive to nonverbal cues, such as gestures, facial expressions, and postures?

☐ Yes

☐ No

6.5 Are you comfortable with the ways staff reward and discipline the children?

☐ Yes

☐ No

APPENDIX C

INCLUSION RESOURCES

1. For a catalog of books, many of which deal with inclusion write or call:

Paul H. Brookes Publishing Co.
P.O. Box 10624
Baltimore, MD 21285 - 9945
1 - 800 - 638 - 3775

2. For a catalog of materials to facilitate inclusion write or call:

PEAK Parent Center, INC.
Colorado Springs, CO 80916
(719) 531 - 9400

3. Syracuse University Resources (New York State)

Three stories of Inclusion, (1992). New York Partnership for Statewide Systems Change Project: New York State Education Department. 23 minutes (VHS Videotape) \$25

Edward Smith School Inclusive Education Committee (Syracuse City School District). (1991). Including kids: How it happens - A handbook on inclusion education. Inclusive Education Project: Syracuse University. 30 pp. \$3.50.

Ayers, B., Davis, M., Ironside, K., Copani, N., & Slavin, H.R. (1992). Promoting social interaction and friendship at school, work, and home. Teacher Leadership Inservice Project, Study Group Report Series #4. 30 pp. \$5.00

The items above, as well as additional materials of a similar nature, may be obtained by writing to:

Luanna H. Myers, Ph.D.
ATTN: Special Project Material
Special Education Programs
805 S. Crouse Ave.
Syracuse University
Syracuse, NY 13244 - 2280

4. Videotapes on inclusion

Hello My Friends
Association for Community Living
Vancouver, B.C. \$37.50
(604) 875 - 1119

Happy Birthday
Ron Taylor Films
500 Euclid Ave.
Boulder, CO 80302

(303) 444 - 3340

5. Other resources on inclusion:

Parents' Guide to Special Education: Your Child's Right to an Education in New York State.

Available from:

New York State Education Department
Division of Program Development
Room 1071, Education Building
Albany, N.Y. 12234
Attn.: Parent Guide

Perske, R. & Perske, M. (1988). Circle of Friends. Nashville:
Abingdon Press.

Turnbull, H.R., & Turnbull, A. P. (1985). Parents Speak Out: Then and Now (2nd ed.). Columbus, Ohio: Charles E. Merrill Publishing Company.